



**UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH CAROLINA
[DIVISION (ALL CAPS)] DIVISION**

Revision date: March 20, 2008

Interpreter Information	Case Information
Interpreter Name: [Interpreter Name]	USA vs.
Address: [Street Address]	<u>Defendant's Last Name</u> <u>Case Number</u>
[City, State, Zip]	[Last Name Defendant 1] [Case No 1]
SS or Tax ID #: [SS or Tax ID]	[Last Name Defendant 2] [Case No 2]
Language Interpreted: [Language Interpreted]	[Last Name Defendant 3] [Case No 3]
Phone #: [Phone Number]	[Last Name Defendant 4] [Case No 4]

Interpreter Only

INTERPRETATION FEE	Certified or Professionally Qualified: full day \$376, half day \$204, overtime \$53 per hour or part thereof Language Skilled: full day \$181, half day \$100, overtime \$31 per hour or part thereof	[Certified Fee] [Uncert Fee]
TRAVEL INFORMATION	Departure time from residence: [Time Depart Home] Arrival time at court destination: [Arrive Court] Departure time from court location: [Depart Court] Arrival time at residence at the end of travel: [Arrive home]	
MILEAGE If traveled more than 30 miles one way from residence to courthouse	Number of miles round-trip: [Miles round trip]	\$0.00
PARKING		[Parking costs]
SUBSISTENCE	Attachments must include an itemized list of all expenses. The only receipts required are from a hotel or any expense over \$25.00. All receipts must be original receipts.	[Hotel/meals]
	TOTAL:	\$0.00
Interpreter's Signature: _____		Date of Service: [Date of Service]

Deputy Clerk Only

Judge: [Judge Name]	Courtroom Deputy's Signature: _____
Date of Service: [Date]	
Event Type: <input type="checkbox"/> Jury Trial	# of Days: [days] # of Interpreters used: [Interpret]
<input type="checkbox"/> Bench Trial	# of Days: [days] # of Interpreters used: [Interpret]
<input type="checkbox"/> Other event	

Procurement Only

Reviewed for Payment	
_____ - 092000 - DXXBBCX - D04SCX_____ - 2523	
AMOUNT \$ _____	Date: _____
PR #: _____	P2 #: _____
Signature: _____	